

Staple Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER	5	12-2-93
EXAMINER	71	12-6-93
TYPIST	329	1-10-94
VERIFIER	338	1-10
CORPS CORR.	03-72 702	
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
1	15
2	16
3	17
4	18
5	19
6	20
7	21
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10	24
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16	30
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18	32
19	33
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25	39
26	40
27	41
28	42
29	43
30	44
31	45
32	46
33	47
34	48
35	49
36	50

## SYMBOLS

✓ Rejected  
 = Allowed  
 - (Through numeral) Cancelled  
 + Restricted  
 N Non-elected  
 I Interference  
 A Appeal  
 O Objected

IM ..... Improper  
 MULT. PER.

Claim	Date
1	15
2	16
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27	41
28	42
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Claim		Date	
Final	Original		
	<del>201</del>	5/15/85	
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## INDEX OF CLAIMS

Claim		Date
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## SYMBOLS

✓	.....	Rejected
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Claim		Date	
Final.	Original		
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